

Sonrise Mountain Ranch

2009 Pastor-Missionary Retreat (5 Night) Registration Form

1. Family Information:

Name	Birthdate	Gender
_____	___/___/___	___
_____	___/___/___	___
_____	___/___/___	___
_____	___/___/___	___
_____	___/___/___	___
_____	___/___/___	___

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Primary Church: _____

2. Retreat Choice:

Register our family for the family retreat that

Starts _____ / Ends _____

2009 Pastor/Missionary Retreat Fees:

Cost for families currently serving in the
pastorate or as missionaries is
\$295 per family per week.

3. Payment Information:

Minimum nonrefundable deposit for each family is \$150. Balance must be paid no later than 10 days prior to your retreat start date.

Total Retreat Fee \$ _____

Deposit/This Payment \$ _____

Balance Due \$ _____

Payment Method:

Check (Payable to *Sonrise Mountain Ranch*)

Visa Mastercard

Card # _____

Expiration (MM/YYYY) _____

Amount to be Charged _____

Name on Card _____

Signature _____

Gift Certificate / Scholarship

Gift Certificate / Scholarship # _____

Comments: _____

Mail, email, or fax this form with your **nonrefundable deposit** to:

Sonrise Mountain Ranch
PO Box 220
Cimarron, CO 81220
(970) 249-5774
Fax: (970) 249-1668
nicolette@sonrisemountainranch.org

We will send a confirmation of your registration.
We look forward to seeing you!

SMR Office Use:

Date Rec'd: _____ Confirmation Email Date: _____ 30 Day Letter Date: _____

Notes: _____ Amt Paid: _____ Amt Due: _____